

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ELT 2A		04-04-01
O.I.P.E. CLASSIFIER		1/2	7/28/01
FORMALITY REVIEW	MM	920	06-01-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 □ ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/13/02
2	✓	✓	7/23/03
3	✓	✓	7/23/03
4	✓	✓	7/23/03
5	✓	✓	7/23/03
6	✓	✓	7/23/03
7	✓	✓	7/23/03
8	✓	✓	7/23/03
9	✓	✓	7/23/03
10	✓	✓	7/23/03
11	✓	✓	7/23/03
12	✓	✓	7/23/03
13	✓	0	0
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If more than 150 claims or 150 sheets, staple additional sheet here **BEST AVAILABLE COPY**

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C.C.  
06-04-01

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